

SEND CORRESPONDENCE TO: Customer Number <u>27743</u>

## DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 2 Attorney Docket No. AA473

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name

(check	[X]	is attached hereto. was filed on		os Unite	ad Statos Amplication No.	
one)	[]		pplication Serial No	as Onto	ed States Application No.	, OI
		and was amended or		· · · · · · · · · · · · · · · · · · ·	<del></del>	
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			U.S.C. §119(a)-(d) or §36		reign application(s) for pa	atent o
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<b>=</b>	under 7	Γitle 35, United States (	Code §119(e) of any United	d States provision	onal application(s) listed	below.
hereby claim the benefit 60/206,077	under T	May 22, 2000				below.
I hereby claim the benefit	under T		Code §119(e) of any United Application Ser		onal application(s) listed Filing Date	below. 
hereby claim the benefit 60/206,077 Application Serial No.		May 22, 2000 Filing Date		rial No.	Filing Date	_
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor Anastacia Rosario Aricayos Barangan
Inventor's signature
Date
Residence 206 Ruby Street, CVS Homes Felix Avenue, Cainta Rizal, PHILIPPINES
Citizenship Philippines
Mailing Address 206 Ruby Street, CVS Homes Felix Avenue, Cainta Rizal, PHILIPPINES
Full name of second joint inventor, if any John Gregory Schroeder
Inventor's signature
Date
Residence 5-15 #802 Koyo-cho Naka, Higashinada-ku, Kobe 658-0032, JAPAN
Gitizenship
Mailing Address 5-15 #802 Koyo-cho Naka, Higashinada-ku, Kobe 658-0032, JAPAN
Full name of third joint inventor, if any Emanuel Pantelis Fakoukakis
Inventor's signature
Date
Residence 485 Sumiyoshi-Yamate, Higashinada-ku, Kobe 658-0063, JAPAN
Chizenship USA
Mailing Address 485 Sumiyoshi-Yamate, Higashinada-ku, Kobe 658-0063, JAPAN
Full name of fourth joint inventor, if any Steven Robert Chuey
Inventor's signature
Date
Residence 5-15-1601 Koyo-cho Naka, Higashinada-ku, Kobe 658-0032, JAPAN
Citizenship USA
Mailing Address 5-15-1601 Koyo-cho Naka, Higashinada-ku, Kobe 658-0032, JAPAN